Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Best evidence statement (BESt). Preadmission clear liquid diet in pediatric inpatient bowel preparations.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BESt). Preadmission clear liquid diet in pediatric inpatient bowel preparations. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 May 16. 5 p. [12 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a-5) are defined at the end of the "Major Recommendations" field.

There is insufficient evidence (especially when considering length of preparation, number of invasive interventions, and satisfaction) and lack of consensus to make a recommendation on the use of a clear liquid diet over a regular diet 24 hours prior to admission for pediatric inpatient bowel preparation.

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5	Other: General review, expert opinion, case report, consensus report, or guideline

†a = good quality study; b = lesser quality study

Table of Recommendation Strength

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or vice-versa for negative recommendations).
"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.
No recommendation made	There is a lack of consensus to direct development of a recommendation.
Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.	
1. Grade of the Body of Evidence 2. Safety/Harm 3. Health benefit to the patients (direct benefit) 4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time) 5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis) 6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome]) 7. Impact on morbidity/mortality or quality of life	

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Any condition for which elective procedures (e.g., colonoscopy) requiring bowel preparation are indicated

Guideline Category

Management

Clinical Specialty

Family Practice

Gastroenterology

Internal Medicine

Pediatrics

Surgery

Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Guideline Objective(s)

To evaluate, among pediatric patients admitted for bowel preparation, if a clear liquid diet initiated 24 hours prior to admission versus no preadmission dietary restriction will result in decreased length of time for bowel preparation, decreased number of invasive interventions, and increased patient/parent satisfaction

Target Population

Patients aged 0-21 years admitted for bowel preparations for elective procedures

Interventions and Practices Considered

Use of a clear liquid diet over a regular diet 24 hours prior to admission for pediatric inpatient bowel preparation

Major Outcomes Considered

- Length of time for bowel preparation
- Number of invasive interventions
- Patient/parent satisfaction

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

The following search terms were used in multiple combinations: bowel preparation, bowel prep, bowel cleansing, colon preparation, colon prep, colon cleansing, clear liquid diet, clear liquids, clears, and diet.

Databases searched: Ovid Medline, Ovid CINAHL, Ovid EBM reviews, National Guideline Clearinghouse, Up to Date, National Association of Children's Hospitals and Related Institutions (NACHRI) electronic mailing list

Initially, the search was limited to pediatric studies within the past 15 years, but was later expanded to include adult studies and literature as early as 1960. Additional filters used were "humans" and "English language."

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5	Other: General review, expert opinion, case report, consensus report, or guideline

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or vice-versa for negative recommendations).
"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.
No recommendation made	There is a lack of consensus to direct development of a recommendation.

Strength	Definition
Directions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.	

1. Grade of the Body of Evidence
2. Safety/Harm
3. Health benefit to the patients (direct benefit)
4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time)
5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis)
6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])
7. Impact on morbidity/mortality or quality of life

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

Reviewed against quality criteria by two independent reviewers

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

Current evidence was found to be insufficient to make a recommendation.

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate use of preadmission clear liquid diet in pediatric inpatient bowel preparations

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice

guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2011 May 16

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

Group/Team Members: Ryan Heichel, BSN, RNII, CPN, A4S Gastroenterology/Colorectal Surgery; Barbara Giambra, MS, RN, CPNP, Evidence-based Practice Mentor, Center for Professional Excellence-Research and Evidence-based Practice

Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the Cincinnati Children's Hospital Medical Center .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the Cincinnati Children's Hospital Medical Center .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the Cincinnati Children's Hospital Medical Center .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the Cincinnati Children's Hospital Medical Center .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI Institute on November 3, 2011.

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